

SOUTHWEST HEALTH CTR NURSING
808 S WASHINGTON ST

CUBA CITY 53807 Phone: (608) 744-2161

Operated from 1/1 To 12/31 Days of Operation: 366

Operate in Conjunction with Hospital? Yes

Number of Beds Set Up and Staffed (12/31/04): 84

Total Licensed Bed Capacity (12/31/04): 84

Number of Residents on 12/31/04: 75

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 75

Non-Profit Corporation

Skilled

No

Yes

Yes

75

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/04)				Length of Stay (12/31/04)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		30.7
Supp. Home Care-Personal Care	No	-----	-----	-----	-----	1 - 4 Years		45.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	2.7	More Than 4 Years		24.0
Day Services	No	Mental Illness (Org./Psy)	16.0	65 - 74	4.0			-----
Respite Care	Yes	Mental Illness (Other)	12.0	75 - 84	24.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	60.0	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	9.3	Full-Time Equivalent		
Congregate Meals	No	Cancer	4.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	Yes	Fractures	5.3		100.0	(12/31/04)		
Other Meals	No	Cardiovascular	21.3	65 & Over	97.3	-----		
Transportation	No	Cerebrovascular	20.0		-----	RNs		10.1
Referral Service	No	Diabetes	4.0	Gender	%	LPNs		9.3
Other Services	Yes	Respiratory	8.0	-----	-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	9.3	Male	26.7	Aides, & Orderlies		
Mentally Ill	No	-----	-----	Female	73.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care				
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	% Of All	
Int. Skilled Care	0	0.0	0	3	7.5	137	0	0.0	0	2	6.1	166	0	0.0	0	0	0.0	0	5	6.7	
Skilled Care	2	100.0	174	37	92.5	118	0	0.0	0	31	93.9	149	0	0.0	0	0	0.0	0	70	93.3	
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Personal Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Residential Care	---	---	---	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	
Total	2	100.0		40	100.0		0	0.0		33	100.0		0	0.0		0	0.0		75	100.0	

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/04				

Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total
		Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	14.3	Bathing	2.7	81.3	16.0	75
Private Home/With Home Health	2.4	Dressing	9.3	76.0	14.7	75
Other Nursing Homes	1.2	Transferring	34.7	49.3	16.0	75
Acute Care Hospitals	76.2	Toilet Use	29.3	53.3	17.3	75
Psych. Hosp.-MR/DD Facilities	4.8	Eating	80.0	13.3	6.7	75
Rehabilitation Hospitals	1.2	*****				
Other Locations	0.0					
Total Number of Admissions	84	Continence	%	Special Treatments	%	
Percent Discharges To:		Indwelling Or External Catheter	4.0	Receiving Respiratory Care		16.0
Private Home/No Home Health	28.9	Occ/Freq. Incontinent of Bladder	62.7	Receiving Tracheostomy Care		0.0
Private Home/With Home Health	6.7	Occ/Freq. Incontinent of Bowel	37.3	Receiving Suctioning		0.0
Other Nursing Homes	8.9			Receiving Ostomy Care		2.7
Acute Care Hospitals	14.4	Mobility		Receiving Tube Feeding		1.3
Psych. Hosp.-MR/DD Facilities	1.1	Physically Restrained	0.0	Receiving Mechanically Altered Diets		24.0
Rehabilitation Hospitals	0.0					
Other Locations	3.3	Skin Care		Other Resident Characteristics		
Deaths	36.7	With Pressure Sores	1.3	Have Advance Directives		90.7
Total Number of Discharges		With Rashes	0.0	Medications		
(Including Deaths)	90			Receiving Psychoactive Drugs		61.3

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities					

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	81.0	91.7	0.88	88.8	0.91
Current Residents from In-County	58.7	85.3	0.69	77.4	0.76
Admissions from In-County, Still Residing	16.7	14.1	1.18	19.4	0.86
Admissions/Average Daily Census	112.0	213.7	0.52	146.5	0.76
Discharges/Average Daily Census	120.0	214.9	0.56	148.0	0.81
Discharges To Private Residence/Average Daily Census	42.7	119.8	0.36	66.9	0.64
Residents Receiving Skilled Care	100.0	96.2	1.04	89.9	1.11
Residents Aged 65 and Older	97.3	90.7	1.07	87.9	1.11
Title 19 (Medicaid) Funded Residents	53.3	66.8	0.80	66.1	0.81
Private Pay Funded Residents	44.0	22.6	1.95	20.6	2.14
Developmentally Disabled Residents	0.0	1.4	0.00	6.0	0.00
Mentally Ill Residents	28.0	32.7	0.86	33.6	0.83
General Medical Service Residents	9.3	22.0	0.42	21.1	0.44
Impaired ADL (Mean)*	41.9	49.1	0.85	49.4	0.85
Psychological Problems	61.3	53.5	1.15	57.7	1.06
Nursing Care Required (Mean)*	5.7	7.4	0.77	7.4	0.76